Fill	n this information to identify your case:		
Deb			
	First Name Middle Name Last Name		
Debt			
(Spou	se if, filing) First Name Middle Name Last Name		
Unite	ed States Bankruptcy Court for the: EASTERN DISTRICT OF NEW YORK		
Case (if kno	e number 8-16-75179 wn)	_	if this is an led filing
	icial Form 106Sum nmary of Your Assets and Liabilities and Certain Statistical Information	1	2/15
Be as nfor our	s complete and accurate as possible. If two married people are filing together, both are equally responsible for mation. Fill out all of your schedules first; then complete the information on this form. If you are filing amend original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page.	or supplyin	g correct
Part	1: Summarize Your Assets		
		Your as Value o	ssets f what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	420,000.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	364,942.78
	1c. Copy line 63, Total of all property on Schedule A/B	\$	784,942.78
Part	2: Summarize Your Liabilities		
		Your lia	abilities you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	646,244.13
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	57,326.00
	Your total liabilities	\$	703,570.13
Part	3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	9,873.00
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	7,989.00
Part	4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13?		
0.	No. You have nothing to report on this part of the form. Check this box and submit this form to the court with yo	ur other sch	edules.
7.	■ Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.	a personal,	family, or
	Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this	s box and su	ubmit this form to
Offic	the court with your other schedules. ial Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information	ŗ	page 1 of 2

	Bibi Salima Schaefer	Case number (if known) 8-16-7517	9
8. Fron	the Statement of Your Current Monthly Income: Co	py your total current monthly income from Official Form	16 266 00

122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

Debtor 1 Wayne J Schaefer

From Part 4 on Schedule E/F, copy the following:	Total	claim
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

Debtor 2 Bibli Salima Schaefer First Name Middle Name Last Name	Debtor 1	Wayr	ne J Sch	aefer					
United States Bankruptcy Court for the: EASTERN DISTRICT OF NEW YORK Case number 8-16-75179	20010				dle Name	Last Name			
Case number 8-16-75179					dle Name	Last Name			
Difficial Form 106A/B Schedule A/B: Property 12/15 ne ach category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category were you hink if this best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct normation. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). In more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). In more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). In more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). In mose over question. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. What is the property? Check all that apply	United Sta	tes Bankruptcy	Court for t	he: EASTER	N DISTRI	ICT OF NEW YORK			
Difficial Form 106A/B Schedule A/B: Property 12/15 ne ach category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category were you inhik if it its best. Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying cornect normation. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Inswer every question. Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest in Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. Yes. Where is the property? What is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. Smithtown NY 11767-0000 City State ZIP Code Manufactured or mobile home Land Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, a life eatable, if known. Tenancy by the entirety Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, a life eatable, if known. Tenancy by the entirety Check if this is community property Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, a life eatable, if known. Tenancy by the entirety Check if this is community property Describe the nature of your ownership interest (such as fee simple, tenancy by the entirety as life eatable, if known. Tenancy by the entirety Check if this is community property Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, a life eatable, if known. Tenancy by the entirety	Case numb	her 8-16-751	170						Charle if this is an
neach category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you hink it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Inswer every question. Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest in		<u> </u>	113						
In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you hink it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Inswer every question. Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. Yes. Where is the property? What is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Land	Official	I Form 10	ne A /D						
The each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you hink it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Inswer every question. Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In	_	_		onerty					12/15
A position in the fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct normation. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Inswer every question. Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest in Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2.						t			
Yes. Where is the property? Vestage			· ·						
## Yes. Where is the property? 1.1	_	•	egai or equ	iitabie iiiterest ii	i ally resid	derice, building, land, or similar property?			
## Street address, if available, or other description Single-family home	□ No. Gc	Jiu Fail Z.							
Single-family home	Voc. V	Mhoro is the prope	orty?						
Single-family home	Yes. V	Where is the prope	erty?						
Street address, if available, or other description Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Land Land Livestment property Investment property Investment property Investment property Investment property County Suffolk County Debtor 1 only Debtor 2 only At least one of the debtors and another Other information you wish to add about this item, such as local		Where is the prope	erty?						
Condominium or cooperative Condominium or cooperative	1.1				What				
Smithtown NY 11787-0000 Land	1.1 21 W	/illow Ridge D	Orive	ription		Single-family home			
Smithtown NY 11787-0000 City State ZIP Code Investment property Investment proper	1.1 21 W	/illow Ridge D	Orive	ription	_	Single-family home Duplex or multi-unit building	the amount of ar	ny secured	claims on Schedule D:
City State ZIP Code Investment property Timeshare Other Who has an interest in the property? Check one Debtor 1 only Suffolk County Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this item, such as local \$420,000.00 \$4420,000.00 \$420,000.00 \$420,000.00 \$420,000.00 \$420,000.00 \$420,000.00 County State property (such as fee simple, tenancy by the entireties, or a life estate), if known. Tenancy by the entirety Check if this is community property (see instructions)	1.1 21 W	/illow Ridge D	Orive	ription	_	Single-family home Duplex or multi-unit building Condominium or cooperative	the amount of ar	ny secured	claims on Schedule D:
Suffolk County Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, of a life estate), if known. Tenancy by the entirety Tenancy by the entirety Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this item, such as local	1.1 21 W Street a	/illow Ridge L address, if available, o	Drive or other descr		_	Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home	the amount of ar Creditors Who F	ny secured Have Claims of the	claims on Schedule D: s Secured by Property.
Who has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this item, such as local	1.1 21 W Street a	/illow Ridge L address, if available, o	Orive or other descri	11787-0000		Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land	the amount of ar Creditors Who F	ny secured of the control of the ?	claims on Schedule D: s Secured by Property.
Suffolk County Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only At least one of the debtors and another Other information you wish to add about this item, such as local	1.1 21 W Street a	/illow Ridge L address, if available, o	Orive or other descri	11787-0000		Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare	Current value o entire property \$420,00	ny secured dave Claims of the ?	claims on Schedule D: s Secured by Property. Current value of the portion you own? \$420,000.00 ur ownership interest
County Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this item, such as local	1.1 21 W Street a	/illow Ridge L address, if available, o	Orive or other descri	11787-0000	_	Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other	Current value o entire property \$420,00 Describe the na (such as fee sin	ny secured of the ? 00.00 ature of you mple, tenar	claims on Schedule D: s Secured by Property. Current value of the portion you own? \$420,000.00 ur ownership interest
At least one of the debtors and another Check if this is community property (see instructions) Other information you wish to add about this item, such as local	1.1 21 W Street a	/illow Ridge L address, if available, o	Orive or other descri	11787-0000	_	Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one	Current value o entire property \$420,00 Describe the na (such as fee sin a life estate), if	ny secured of the ? 00.00 ature of you mple, tenar known.	claims on Schedule D: s Secured by Property. Current value of the portion you own? \$420,000.00 ur ownership interest ncy by the entireties, or
Other information you wish to add about this item, such as local	1.1 21 W Street a	/illow Ridge E address, if available, o	Orive or other descri	11787-0000	— ■	Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only	Current value o entire property \$420,00 Describe the na (such as fee sin a life estate), if	ny secured of the ? 00.00 ature of you mple, tenar known.	claims on Schedule D: s Secured by Property. Current value of the portion you own? \$420,000.00 ur ownership interest ncy by the entireties, or
	1.1 21 W Street a Smit City	/illow Ridge E address, if available, o thtown	Orive or other descri	11787-0000	Who	Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Current value of entire property \$420,00 Describe the nate (such as fee single a life estate), if Tenancy by	of the ? 00.00 ature of you mple, tenar known. the entire	claims on Schedule D: s Secured by Property. Current value of the portion you own? \$420,000.00 ur ownership interest ncy by the entireties, or rety
	1.1 21 W Street a Smit City	/illow Ridge E address, if available, o thtown	Orive or other descri	11787-0000	Who	Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only Debtor 2 only At least one of the debtors and another	Current value of entire property: \$420,00 Describe the nat (such as fee sin a life estate), if Tenancy by Check if th (see instruction	of the ? 00.00 ature of you mple, tenar known. the entire	claims on Schedule D: s Secured by Property. Current value of the portion you own? \$420,000.00 ur ownership interest ncy by the entireties, or rety
	1.1 21 W Street a Smit City	/illow Ridge E address, if available, o thtown	Orive or other descri	11787-0000		Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another or information you wish to add about this ite	Current value of entire property: \$420,00 Describe the nat (such as fee sin a life estate), if Tenancy by Check if th (see instruction	of the ? 00.00 ature of you mple, tenar known. the entire	claims on Schedule D: s Secured by Property. Current value of the portion you own? \$420,000.00 ur ownership interest ncy by the entireties, or rety
	1.1 21 W Street a Smit City	/illow Ridge E address, if available, o thtown	Orive or other descri	11787-0000		Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another or information you wish to add about this ite	Current value of entire property: \$420,00 Describe the nat (such as fee sin a life estate), if Tenancy by Check if th (see instruction	of the ? 00.00 ature of you mple, tenar known. the entire	claims on Schedule D: s Secured by Property. Current value of the portion you own? \$420,000.00 ur ownership interest ncy by the entireties, or rety

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Part 2: Describe Your Vehicles

Debi		Vayne J Sc Bibi Salima			Case number (if I	known)	8-16	-75179
3. C a	ars, vans	, trucks, trac	ctors, sport utility ve	hicles, motorcycles				
	No							
	Yes							
3.1	Make:	Hyundai		Who has an interest in the property? Check one				ims or exemptions. Put I claims on Schedule D:
	Model:	Sonata		Debtor 1 only				ns Secured by Property.
	Year:	2014		Debtor 2 only	Current va	alue of t	he	Current value of the
	Approxir	mate mileage:	33000	■ Debtor 1 and Debtor 2 only	entire pro			portion you own?
	Other in	formation:		\square At least one of the debtors and another				
				Check if this is community property (see instructions)		\$9,870	.00	\$9,870.00
5 A				rn for all of your entries from Part 2, includi that number here		.=>		\$9,870.00
						L		
Part Do y			onal and Household Ite legal or equitable in	terest in any of the following items?			p D	urrent value of the ortion you own? o not deduct secured aims or exemptions.
E	<i>xamples:</i> I No		furnishings nces, furniture, linens	, china, kitchenware				
	Yes. De	scribe						
			Household Goo	ds and Furnishings			=	\$500.00
E	l No	Televisions a	and radios; audio, vide Il phones, cameras, m	eo, stereo, and digital equipment; computers, nedia players, games	printers, scanners; r	nusic co	ollectio	ns; electronic devices
E	xamples:		d figurines; paintings, ions, memorabilia, co	prints, or other artwork; books, pictures, or oth llectibles	ner art objects; stam	o, coin,	or bas	eball card collections;
			Guitar Collection	n			-	\$3,000.00
E	xamples:	for sports a Sports, photo musical instr	ographic, exercise, ar	nd other hobby equipment; bicycles, pool table	s, golf clubs, skis; c	anoes a	ınd kay	vaks; carpentry tools;

Official Form 106A/B Schedule A/B: Property page 2

	ebtor 1 ebtor 2	Wayne J Scl Bibi Salima		er	Case numbe	r (if known)	8-16-75179
10.	Firearm Examp		s. shotau	ns. ammunition, and	d related equipment		
	■ No		s, ss.ga.	,	2.00.00 040.p.110.11		
	☐ Yes.	Describe					
	□ No		othes, fur	s, leather coats, de	signer wear, shoes, accessories		
			Clothi	na		٦	\$500.00
			Ciotini	<u>.</u>			
	□ No		welry, cos	stume jewelry, enga	agement rings, wedding rings, heirloom jewelry, watch	es, gems, (gold, silver
			Wedd	ing Rings and er	ngagement ring		\$3,200.00
14.	Any oth ■ No	Describe ner personal an Give specific inf		-	l not already list, including any health aids you did	not list	
15					Part 3, including any entries for pages you have att	ached	\$7,200.00
Pa	rt 4: Des	scribe Your Finan	cial Asset	s			
Do	you ow	n or have any l	egal or e	quitable interest ir	n any of the following?		Current value of the portion you own? Do not deduct secured claims or exemptions.
	■ No				ome, in a safe deposit box, and on hand when you file	your petiti	ion
	Examp				counts; certificates of deposit; shares in credit unions, less with the same institution, list each.	orokerage	houses, and other similar
	□ No				Institution name:		
	■ Yes				institution name.		
			17.1.	Savings	TD Bank ending in 3294		\$10.28
			17.2.	Checking	Chase Bank edning in 0704		\$4,881.00
			17.3.	Checking	TD Bank ending in 3278		\$1,034.16
				-			

Official Form 106A/B Schedule A/B: Property page 3

Debtor 1 Debtor 2		r	Case number (if known)	8-16-75179
	17.4.	Checking	TD Bank ending in 1189	\$1,069.14
	17.5.	Checking	TFCU Bank ending in 31010	\$80.36
	17.6.		Chase Bank ending in 521010	\$1.00
	17.7.	Checking	Chase Bank ending in 021010	\$1.00
	17.8.	Checking	Chase ending in 8520	\$0.00
	17.9.	Checking	TFCU ending in 1626 with mother	\$583.37
Exar ■ No □ Yes	S	Institution or issuer name	ge firms, money market accounts e: d and unincorporated businesses, including an interes	st in an IIC nartnershin and
joint □ No	eventure s. Give specific information		a and animosporated businesses, morading an interes	st iii aii EEO, partiici 3111p, and
_ 100		ne of entity:	% of ownership:	
	Lav	w Offices of Wayne J	. Schaefer, LLC 100 %	\$0.00
Nego Non- ■ No	otiable instruments include properties are included instruments are included instruments are included in the included in the included in the included in the included	ersonal checks, cashiers those you cannot transfe	e and non-negotiable instruments checks, promissory notes, and money orders. to someone by signing or delivering them.	
	ement or pension account mples: Interests in IRA, ERIS), thrift savings accounts, or other pension or profit-sharing	plans
Yes	s. List each account separat Type	ely. of account:	Institution name:	
	IRA		401k Northwestern Mutual	\$106,144.53
	401(k	x)	401k with Mass Mutual	\$223,229.27
	401(k	x)	TIA CREFF	\$5,774.16
Your <i>Exar</i> ■ No	mples: Agreements with land	s you have made so that	you may continue service or use from a company c utilities (electric, gas, water), telecommunications compa	nies, or others
	S 106 A/P	0-	Institution name or individual:	n=== 4
Onicial FC	orm 106A/B	50	hedule A/B: Property	page 4

Official Form 106A/B Schedule A/B: Property

Debtor Debtor			Schaefer na Schaefer		Case number (if known)	8-16-75179
		es (A contra	ct for a periodic payment of n	money to you, either for lif	e or for a number of years)	
□ N ■ Y			Issuer name and description	on.		
			Metlife			\$4,647.00
			cation IRA, in an account in (1), 529A(b), and 529(b)(1).	n a qualified ABLE progr	ram, or under a qualified state tuition pro	gram.
■ N □ Y			Institution name and descri	ription. Separately file the	records of any interests.11 U.S.C. § 521(c):	
■ N	lo	•	r future interests in propert	ty (other than anything l	listed in line 1), and rights or powers exe	rcisable for your benefit
	amp		s, trademarks, trade secrets domain names, websites, pro			
ΠY	es.	Give specifi	c information about them			
	amp		es, and other general intang permits, exclusive licenses,		ooldings, liquor licenses, professional license	es
ПΥ	es.	Give specifi	c information about them			
Money	or p	oroperty ow	ed to you?			Current value of the portion you own? Do not deduct secured claims or exemptions.
■ N	lo	unds owed		luding whether you alread	y filed the returns and the tax years	
	amp	support les: Past du	e or lump sum alimony, spous	sal support, child support,	, maintenance, divorce settlement, property	settlement
ΠY	es. C	Give specific	information			
Ex	amp	les: Unpaid	meone owes you wages, disability insurance pa ; unpaid loans you made to s		ts, sick pay, vacation pay, workers' comper	nsation, Social Security
■ N □ Y	-	Give specifi	c information			
Ex	amp		nce policies disability, or life insurance; he	ealth savings account (HS	SA); credit, homeowner's, or renter's insuran	ice
■ N	-	Name the in:	surance company of each pol	licv and list its value.		
			Company name:	noy and not no raide.	Beneficiary:	Surrender or refund value:
If y sor □ N	rou a meor lo	re the bene ne has died.	perty that is due you from siciary of a living trust, expect to information		rance policy, or are currently entitled to rece	eive property because

Official Form 106A/B Schedule A/B: Property page 5

Debtor				Case number (if known)	8-16-75179
		1/9 share in estate of J undistributed share	ean Correia, prese	nt value of	\$417.51
	ims against third parties, wheth camples: Accidents, employment d			and for payment	
ΠY	es. Describe each claim				
■ N	• •	claims of every nature, incl	uding counterclaims o	of the debtor and rights to	set off claims
ШΥ	es. Describe each claim				
		ready list			
ΠY	es. Give specific information				
	dd the dollar value of all of your or Part 4. Write that number here				\$347,872.78
Part 5:	Describe Any Business-Related Pro	operty You Own or Have an Inte	rest In. List any real esta	ate in Part 1.	
37. Do y	ou own or have any legal or equitab	le interest in any business-relat	ed property?		
■ No	o. Go to Part 6.				
☐ Ye	es. Go to line 38.				
Part 6:	Describe Any Farm- and Commerci If you own or have an interest in farm		ມ Own or Have an Interes	st In.	
46. Do	you own or have any legal or ed	quitable interest in any farm	or commercial fishin	g-related property?	
_	No. Go to Part 7.				
	Yes. Go to line 47.				
Part 7:	Describe All Property You Ow	n or Have an Interest in That Yo	u Did Not List Above		
	you have other property of any		?		
_	amples: Season tickets, country c	ub membership			
ЦΥ	es. Give specific information				
54. A	dd the dollar value of all of your	entries from Part 7. Write th	nat number here		\$0.00
Part 8:	List the Totals of Each Part of t	his Form			
55. P a	art 1: Total real estate, line 2				\$420,000.00
56. P a	art 2: Total vehicles, line 5		\$9,870.00		
57. P a	art 3: Total personal and housel	nold items, line 15	\$7,200.00		
58. P a	art 4: Total financial assets, line	36	\$347,872.78		
	art 5: Total business-related pro		\$0.00		
	art 6: Total farm- and fishing-rel		\$0.00		
61. P a	art 7: Total other property not lis	sted, line 54	\$0.00		
62. T o	otal personal property. Add lines	56 through 61	\$364,942.78	Copy personal property t	otal \$364,942.78
63. T	otal of all property on Schedule	A/B . Add line 55 + line 62			\$784,942.78

Official Form 106A/B Schedule A/B: Property page 6

Fill in this infor	mation to identify your	case:		
Debtor 1	Wayne J Schaefe			
	First Name	Middle Name	Last Name	
Debtor 2	Bibi Salima Scha	efer		
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	EASTERN DISTRICT O	F NEW YORK	
Case number	8-16-75179			
(if known)				☐ Check if this is an amended filing
Official Fo	orm 106C			
		operty You C	Claim as Exempt	4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

1.	Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.									
	☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)									
	■ You are claiming federal exemptions. 11 U	J.S.C. § 522(b)(2)								
2.	For any property you list on Schedule A/B that you claim as exempt, fill in the information below.									
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption					
		Copy the value from Schedule A/B	Che	ck only one box for each exemption.						
	Household Goods and Furnishings Line from Schedule A/B: 6.1	\$500.00		\$500.00	NYCPLR § 5205(a)(5)					
	Line from Schedule A/B. 0.1			100% of fair market value, up to any applicable statutory limit						
	Clothing Line from Schedule A/B: 11.1	\$500.00		\$500.00	11 U.S.C. § 522(d)(3)					
	Line IIIIII Schedule A/B. 11.1			100% of fair market value, up to any applicable statutory limit						
	Wedding Rings and engagement ring Line from Schedule A/B: 12.1	\$3,200.00		\$3,200.00	11 U.S.C. § 522(d)(4)					
	Elle Holli Goriedale 74 B. 1211			100% of fair market value, up to any applicable statutory limit						
	Savings: TD Bank ending in 3294 Line from Schedule A/B: 17.1	\$10.28		\$10.28	11 U.S.C. § 522(d)(5)					
	Elle Holli Genedale A/B.			100% of fair market value, up to any applicable statutory limit						
	Checking: Chase Bank edning in 0704	\$4,881.00		\$4,881.00	11 U.S.C. § 522(d)(5)					
	Line from Schedule A/B: 17.2			100% of fair market value, up to any applicable statutory limit						

Official Form 106C

Part 1: Identify the Property You Claim as Exempt

		Vayne J Schaefer Bibi Salima Schaefer			Case number (if known)	8-16-75179
		scription of the property and line on e A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
			Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
		ing: TD Bank ending in 3278 m Schedule A/B: 17.3	\$1,034.16	-	\$1,034.16	11 U.S.C. § 522(d)(5)
					100% of fair market value, up to any applicable statutory limit	
		ing: TD Bank ending in 1189	\$1,069.14		\$1,069.14	11 U.S.C. § 522(d)(5)
	Eine ne	in Gonedale 7V2.			100% of fair market value, up to any applicable statutory limit	
	Check 31010	ing: TFCU Bank ending in	\$80.36		\$80.36	11 U.S.C. § 522(d)(5)
		m Schedule A/B: 17.5			100% of fair market value, up to any applicable statutory limit	
	Check	ing: TFCU ending in 1626 with	\$583.37		\$583.37	11 U.S.C. § 522(d)(5)
		m Schedule A/B: 17.9			100% of fair market value, up to any applicable statutory limit	
		01k Northwestern Mutual m <i>Schedule A/B</i> : 21.1	\$106,144.53		100%	11 U.S.C. § 522(d)(12)
	Line no	III Schedule A.B. ZTT			100% of fair market value, up to any applicable statutory limit	
		: 401k with Mass Mutual m <i>Schedule A/B</i> : 21.2	\$223,229.27		100%	11 U.S.C. § 522(d)(12)
	Lille IIO	III Scriedule A/B. 21.2			100% of fair market value, up to any applicable statutory limit	
		TIA CREFF m Schedule A/B: 21.3	\$5,774.16		\$5,774.16	11 U.S.C. § 522(d)(12)
	Lille IIO	III Scriedule A/B. 21.3			100% of fair market value, up to any applicable statutory limit	
	Metlife	n <i>Schedule A/B</i> : 23.1	\$4,647.00		\$4,647.00	11 U.S.C. § 522(d)(5)
	Eine ne	in Concaule / V.D. =C11			100% of fair market value, up to any applicable statutory limit	
		are in estate of Jean Correia, at value of undistributed share	\$417.51		\$417.51	11 U.S.C. § 522(d)(5)
		m Schedule A/B: 32.1			100% of fair market value, up to any applicable statutory limit	
3.	(Subjec ■ No	a claiming a homestead exemption of to adjustment on 4/01/19 and every 3 s. Did you acquire the property covere No	3 years after that for ca	ases fi		
		Yes				

Official Form 106C

Fill in this information to identify yo	ur case:			
Debtor 1 Wayne J Schae	Afor			
First Name	Middle Name Last Name		-	
Debtor 2 Bibi Salima Sc	naefer			
(Spouse if, filing) First Name	Middle Name Last Name		-	
United States Bankruptcy Court for the	EASTERN DISTRICT OF NEW YORK			
Coop number 0 46 75470			-	
Case number <u>8-16-75179</u>			☐ Check	if this is an
(,				led filing
				.ou ming
Official Form 106D				
Schedule D: Creditors	s Who Have Claims Secure	ad hy Propert	V	12/15
Scriedule D. Creditors	Who have claims secure	sa by i topert	<u>y </u>	12/13
	If two married people are filing together, both are out, number the entries, and attach it to this form.			
number (if known).		on and top or any adding	pages,e year	
1. Do any creditors have claims secured b	y your property?			
☐ No. Check this box and submit	this form to the court with your other schedules.	You have nothing else t	to report on this form.	
Yes. Fill in all of the information	helow	_	•	
	below.			
Part 1: List All Secured Claims		. Column A	Column B	Column C
	more than one secured claim, list the creditor separate	ely	Value of collateral	Unsecured
much as possible, list the claims in alphabet	s a particular claim, list the other creditors in Part 2. As ical order according to the creditor's name.	Amount of claim Do not deduct the	that supports this	portion
		value of collateral.	claim	If any
2.1 Hyundai Capital Americ Creditor's Name	Describe the property that secures the claim:	\$13,636.00	\$9,870.00	\$3,766.00
Creditor's Name	2014 Hyundai Sonata 33000 miles			
4000 Macarthur Blvd Ste				
Newport Beach, CA	As of the date you file, the claim is: Check all that			
92660	apply. Contingent			
Number, Street, City, State & Zip Code	☐ Unliquidated			
	Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	☐ An agreement you made (such as mortgage or s	secured		
■ Debtor 2 only	car loan)			
☐ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
lacksquare At least one of the debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this claim relates to a	Other (including a right to offset)			
community debt				
Opened				
11/13 Last				
Active	0.476			
Date debt was incurred 8/26/16	Last 4 digits of account number 8472			
		\$77.070.00	#0.00	*** *********************************
2.2 Internal Revenue Service Creditor's Name	Describe the property that secures the claim:	\$77,372.00	\$0.00	\$77,372.00
Oreditor 3 Harrie	Tax Liens on all property			
Post Office Box 21126	As of the date you file, the claim is: Check all that apply.			
Philadelphia, PA 19114	☐ Contingent			
Number, Street, City, State & Zip Code	☐ Unliquidated			
	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	An agreement you made (such as mortgage or s	secured		
Debtor 2 only	car loan)			
■ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
☐ At least one of the debtors and another	☐ Judgment lien from a lawsuit			

Official Form 106D

Debtor 1 Wayne J Schaefer		Case number (if know)	8-16-75179	
First Name Middle N	lame Last Name			
Debtor 2 Bibi Salima Schaefer				
First Name Middle N	lame Last Name			
☐ Check if this claim relates to a	☐ Other (including a right to offset)			
community debt	Other (including a right to offset)			
,				
Date debt was incurred	Last 4 digits of account number			
2.3 Nationstar Mortgage LI	Describe the property that secures the claim:	\$127,344.00	\$420,000.00	\$122,344.00
Creditor's Name	21 Willow Ridge Drive Smithtown,			
	NY 11787 Suffolk County			
	As of the date you file, the claim is: Check all that			
350 Highland Dr	apply.			
Lewisville, TX 75067	☐ Contingent			
Number, Street, City, State & Zip Code	☐ Unliquidated			
	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
☐ Debtor 1 only	☐ An agreement you made (such as mortgage or s	secured		
Debtor 2 only	car loan)			
■ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
☐ At least one of the debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this claim relates to a	Other (including a right to offset)			
community debt	Uncluding a right to offset)			
,				
Opened				
6/19/06				
Last Active	6407	7		
Date debt was incurred 1/28/14	Last 4 digits of account number 6497			
2.4 NYS Department of Tax	Describe the property that secures the claim:	\$12,892.13	\$0.00	\$12,892.13
Creditor's Name	Tax Lien all property			
Bankruptcy Section	As of the date you file, the claim is: Check all that			
PO Box 5300	apply.			
Albany, NY 12205-0300	☐ Contingent			
Number, Street, City, State & Zip Code	☐ Unliquidated			
	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
☐ Debtor 1 only	An agreement you made (such as mortgage or s	secured		
☐ Debtor 2 only	car loan)			
■ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
☐ At least one of the debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this claim relates to a	Other (including a right to offset)			
community debt				
Date debt was incurred 3/16	Last 4 digits of account number			
2.5 Santander Bank Na	Describe the property that secures the claim:	\$415,000.00	\$420,000.00	\$0.00
Creditor's Name	21 Willow Ridge Drive Smithtown,			
	NY 11787 Suffolk County			
	As of the date you file, the claim is: Check all that			
1130 Berkshire Blvd	apply.			
Wyomissing, PA 19610	☐ Contingent			
Number, Street, City, State & Zip Code	☐ Unliquidated			
	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	☐ An agreement you made (such as mortgage or s	secured		
Debtor 2 only	car loan)			
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
505.0 aa Dobtor 2 offiny	statutes, (odon do tax non, moditanto s non)			

Official Form 106D Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

Debtor 1	Wayne J Schaefer			Case number (if know)	·) 8·	8-16-75179			
	First Name	Middle N	ame	Last Name					
Debtor 2	Bibi Salim	a Schaefer							
	First Name	Middle N	ame	Last Name					
☐ At least	one of the deb	tors and another	☐ Judgm	ent lien from a lawsuit					
	if this claim re unity debt	lates to a	Other ((including a right to offset)					
Date debt	was incurred	Opened 11/03 Last Active 7/28/14	_ La:	st 4 digits of account number	3212				
Add the	dollar value of	your entries in C	olumn A on	this page. Write that number I	nere:	\$646,	244.13	I	
	the last page of the state of t	•	the dollar v	alue totals from all pages.		\$646,	244.13		

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Fill in t	this inforn	nation to identify your case:			
Debtor	1	Wayne J Schaefer			
			Middle Name Last Name		
Debtor		Bibi Salima Schaefer			
(Spouse	ir, filing)	First Name	Middle Name Last Name		
United	States Bar	nkruptcy Court for the: EAST	ERN DISTRICT OF NEW YORK		
Case n	number 8	3-16-75179			
(if known		7 10 10110			Check if this is an
					amended filing
Offici	al Earm	106E/E			
		<u>106E/F</u> //F: Craditara Wha U	lave Unaccured Claims		4 O I A E
			lave Unsecured Claims	Part 2 for creditors with NONPRIORITY cla	12/15
Schedul left. Atta name an	e D: Credito sch the Con nd case nun	ors Who Have Claims Secured by tinuation Page to this page. If you nber (if known).	Property. If more space is needed, copy have no information to report in a Part,	any creditors with partially secured claim the Part you need, fill it out, number the el do not file that Part. On the top of any add	ntries in the boxes on the
Part 1:		I of Your PRIORITY Unsecure			
	•	ors have priority unsecured claims	s against you?		
	No. Go to P	art 2.			
	Yes.				
Part 2:		I of Your NONPRIORITY Unse			
3. Do	any credito	ors have nonpriority unsecured cla	aims against you?		
Ц	No. You hav	e nothing to report in this part. Subr	mit this form to the court with your other scho	edules.	
	Yes.				
uns	ecured clair n one credit	m, list the creditor separately for each	h claim. For each claim listed, identify what	b holds each claim. If a creditor has more the type of claim it is. Do not list claims already in three nonpriority unsecured claims fill out the	cluded in Part 1. If more
					Total claim
4.1	Amex		Last 4 digits of account number	4473	\$3,931.00
	Nonpriority	Creditor's Name		Opened 07/06 Last Active	
	P.o. Box	x 981537	When was the debt incurred?	Opened 07/06 Last Active 3/14/15	
		, TX 79998			_
		treet City State ZIp Code rred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor		Пол		
	_	,	Contingent		
	■ Debtor	·	☐ Unliquidated		
		1 and Debtor 2 only t one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecure	d claim:	
	_		☐ Student loans	d Glaini.	
	☐ Check debt	if this claim is for a community		aration agreement or divorce that you did not	
	Is the clai	m subject to offset?	report as priority claims	5	
	■ No		☐ Debts to pension or profit-sharing	g plans, and other similar debts	
	☐ Yes		■ Other. Specify Credit Card	ı	_

	r 1 Wayne J Schaefer r 2 Bibi Salima Schaefer		Case number (if know)	8-16-75179			
4.2	Amex	Last 4 digits of account number	8333		\$2,036.00		
	Nonpriority Creditor's Name P.o. Box 981537 El Paso, TX 79998 Number Street City State Zlp Code Who incurred the debt? Check one.	When was the debt incurred? As of the date you file, the claim					
	Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	Debtor 1 and Debtor 2 only	Disputed	d alaba.				
	At least one of the debtors and another	Type of NONPRIORITY unsecure	a ciaim:				
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce	that you did not			
	■ No	Debts to pension or profit-sharing	ng plans, and other similar del	bts			
	Yes	Other. Specify Credit Card	d				
4.3	Biehl & Biehl, Inc. Nonpriority Creditor's Name PO Box 87410	Last 4 digits of account number When was the debt incurred?			Unknown		
	Carol Stream, IL 60188-7410 Number Street City State Zlp Code	As of the date you file, the claim	ic. Chack all that apply				
	Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply				
	Debtor 1 only	☐ Contingent					
	Debtor 2 only						
	Debtor 1 and Debtor 2 only	Disputed	☐ Disputed Type of NONPRIORITY unsecured claim:				
	At least one of the debtors and another	<u></u> '	a ciaim:				
	☐ Check if this claim is for a community debt	Student loans					
	Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	that you did not				
	■ No	☐ Debts to pension or profit-sharir	bts				
	☐ Yes	_	.g p				
	□ Yes	Other. Specify					
4.4	Bk Of Amer Nonpriority Creditor's Name	Last 4 digits of account number	6093		\$7,611.00		
	Po Box 982238 El Paso, TX 79998	When was the debt incurred?	Opened 01/99 Last 8/01/14	Active			
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply				
	Debtor 1 only	☐ Contingent					
	■ Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only						
	☐ At least one of the debtors and another	d claim:					
	☐ Check if this claim is for a community	☐ Student loans					
	debt	that you did not					
	Is the claim subject to offset?	report as priority claims					
	■ No	☐ Debts to pension or profit-sharing	• •	DIS			
	☐ Yes	Other. Specify Credit Card	t				

Debtor Debtor	1 Wayne J Schaefer 2 Bibi Salima Schaefer		Case number (if know) 8-16-75179			
			· ,			
4.5	Bk Of Amer	Last 4 digits of account number	8810	\$3,174.00		
	Nonpriority Creditor's Name Po Box 982238	When was the debt incurred?	Opened 07/07 Last Active 8/01/14			
	El Paso, TX 79998 Number Street City State Zlp Code	As of the data you file the plains	in Charle all that apply	•		
	Who incurred the debt? Check one.	As of the date you file, the claim	s: Спеск ан tпат арріу			
	Debtor 1 only	☐ Contingent				
	■ Debtor 2 only					
		☐ Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecure	d claim:			
	At least one of the debtors and another	Student loans	a ciaini.			
	☐ Check if this claim is for a community debt Is the claim subject to offset?	_	aration agreement or divorce that you did not			
	■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts			
	☐ Yes	Other. Specify Credit Card				
4.6	Capital One Bank Usa N	Last 4 digits of account number	2785	\$4,649.00		
	Nonpriority Creditor's Name		One and 02/00 Local Active			
	15000 Capital One Dr Richmond, VA 23238	When was the debt incurred?	Opened 03/08 Last Active 10/18/16	-		
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply			
	■ Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured				
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not			
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts			
	Yes	Other. Specify Charge Acc	count	-		
4.7	Chase Card	Last 4 digits of account number	7382	\$10,775.00		
	P.o. Box 15298	When was the debt incurred?	Opened 04/08 Last Active 11/27/13			
	Wilmington, DE 19850 Number Street City State Zlp Code	As of the date you file, the claim i	is: Chock all that apply	•		
	Who incurred the debt? Check one.	As of the date you me, the claim	S. Offeck all triat apply			
	■ Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed				
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt		ration agreement or divorce that you did not			
	Is the claim subject to offset?	report as priority claims	g plane, and other similar dahta			
	No	Debts to pension or profit-sharin				
	Yes	Other. Specify Credit Card				

	1 Wayne J Schaefer 2 Bibi Salima Schaefer		Case number (if know)	8-16-75179		
4.8	Chase Card	Last 4 digits of account number	3357	\$4,724.0	0	
	Nonpriority Creditor's Name	_			Ť	
	P.o. Box 15298 Wilmington, DE 19850	When was the debt incurred?	Opened 10/96 Last 9/30/16	Active 		
	Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply			
	Who incurred the debt? Check one.					
	☐ Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce the	nat you did not		
	■ No	Debts to pension or profit-sharing	g plans, and other similar deb	ts		
	Yes	Other. Specify Credit Card	<u> </u>			
4.9	Chase Card	Last 4 digits of account number	4781	\$1,585.0	0	
	Nonpriority Creditor's Name		Opened 11/06 Last	A otivo		
	P.o. Box 15298 Wilmington, DE 19850	When was the debt incurred?	11/25/13			
	Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply			
	Who incurred the debt? Check one.					
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt	Obligations arising out of a sepa	ration agreement or divorce the	nat you did not		
	Is the claim subject to offset?	report as priority claims	ns or profit-sharing plans, and other similar debts			
	No	·		ts		
	Yes	Other. Specify Credit Card	l			
4.1	Chase Card	Last 4 digits of account number	3184	\$775.0	0	
	Nonpriority Creditor's Name		Onemad 07/00 Locat	A -4i		
	P.o. Box 15298 Wilmington, DE 19850	When was the debt incurred?	Opened 07/06 Last 9/30/16	Active		
	Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply			
	Who incurred the debt? Check one.					
	☐ Debtor 1 only	☐ Contingent				
	Debtor 2 only					
	☐ Debtor 1 and Debtor 2 only					
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
	Check if this claim is for a community	Student loans				
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce the	nat you did not		
	No	☐ Debts to pension or profit-sharin	a plans, and other similar dob	te		
				io.		
	☐ Yes	■ Other. Specify Credit Card	I			

Debtor Debtor	1 Wayne J Schaefer 2 Bibi Salima Schaefer		Case number (if know)	8-16-75179	
4.1	Chase Card	Last 4 digits of account number	0306		\$519.00
	Nonpriority Creditor's Name P.o. Box 15298 Wilmington, DE 19850	When was the debt incurred?	Opened 04/12 Last 9/30/16	t Active	
	Number Street City State ZIp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply		
	☐ Debtor 1 only ☐ Debtor 2 only	☐ Contingent ☐ Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured	1 claim:		
	☐ At least one of the debtors and another ☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a sepa		that you did not	
	Is the claim subject to offset? ■ No	report as priority claims Debts to pension or profit-sharin			
	Yes	Other. Specify Credit Card			
4.1	Citi	Last 4 digits of account number	3886		\$10,051.00
	Nonpriority Creditor's Name Pob 6241 Sioux Falls, SD 57117	When was the debt incurred?	Opened 05/08 Last 8/04/14	t Active	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply		
	☐ Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	Disputed			
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce	that you did not	
	■ No	Debts to pension or profit-sharin	g plans, and other similar de	ebts	
	Yes	Other. Specify Credit Card	l		
4.1	Elite Medical PC Nonpriority Creditor's Name	Last 4 digits of account number		_	\$0.00
	373 Route 111 Ste 14	When was the debt incurred?			
	Smithtown, NY 11787 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply		
	☐ Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	■ Debtor 1 and Debtor 2 only	☐ Disputed			
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a sepa	ration agreement or divorce	that you did not	
	Is the claim subject to offset?	report as priority claims			
	■ No □ Yes	Debts to pension or profit-sharin	g pians, and other similar de	edis	
	□ res	Other. Specify			

	r 1 Wayne J Schaefer ^{r 2} Bibi Salima Schaefer		Case number (if know) 8-	16-75179
4.1	Global Credit Collections	Last 4 digits of account number		Unknown
4	Nonpriority Creditor's Name	Last 4 digits of account number		
	PO Box 129	When was the debt incurred?		
	Linden, MI 48451-0129		.	
	Number Street City State ZIp Code	As of the date you file, the claim	s: Check all that apply	
	Who incurred the debt? Check one.	_		
	☐ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that ye	ou did not
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify		
4.1	Goldkey Cred	Last delicita of account much as	4732	\$444.00
5	Nonpriority Creditor's Name	Last 4 digits of account number		—————————
	P O Box 15670 Brooksville, FL 34604	When was the debt incurred?		
	Number Street City State Zlp Code	As of the date you file, the claim	s: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that ye	ou did not
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	☐ Yes	Other. Specify Siena Eme		
4.1				
6	Hyundai Capital Americ Nonpriority Creditor's Name	Last 4 digits of account number	5354	\$802.00
	10550 Talbert Av Fountain Valley, CA 92708	When was the debt incurred?	Opened 11/13 Last Act	ive
	Number Street City State Zlp Code	As of the date you file, the claim	s: Check all that apply	
	Who incurred the debt? Check one.			
	☐ Debtor 1 only ☐ Contingent			
	■ Debtor 2 only			
	☐ Debtor 1 and Debtor 2 only			
	☐ At least one of the debtors and another Type of NONPRIORITY unsecured claim:			
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ou did not	
	■ No	☐ Debts to pension or profit-sharing	g plans, and other similar debts	
	☐ Yes	Other Specify Lease		
	— 103	Other. Specify		

	Wayne J Schaefer Bibi Salima Schaefer		Case number (if know)	8-16-75179	
/	Internal Revenue Service	Last 4 digits of account number			\$0.00
	Nonpriority Creditor's Name Post Office Box 21126 Philadelphia, PA 19114	When was the debt incurred?			
	Number Street City State Zlp Code	As of the date you file, the claim	s: Check all that apply		
	Who incurred the debt? Check one.				
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	■ Debtor 1 and Debtor 2 only	☐ Disputed			
	lacksquare At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce	that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar de	ebts	
	Yes	Other. Specify			
4.1	International Recovery As	Last 4 digits of account number			Unknown
	Nonpriority Creditor's Name 195 Smithtown Blvd.	When was the debt incurred?			
	Nesconset, NY 11767 Number Street City State Zlp Code	As of the date you file, the claim	s: Check all that apply		
	Who incurred the debt? Check one.	,			
	☐ Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	☐ Unliquidated			
	■ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce	that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar de	ebts	
	Yes	Other. Specify			
9	Kohls/capone	Last 4 digits of account number	8631		\$446.00
	Nonpriority Creditor's Name		Opened 07/13 Las	t Active	
	N56 W 17000 Ridgewood Dr Menomonee Falls, WI 53051	When was the debt incurred?	10/01/14		
	Number Street City State Zlp Code	As of the date you file, the claim	s: Check all that apply		
	Who incurred the debt? Check one.				
	☐ Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a sepa	ration agreement or divorce	that you did not	
	Is the claim subject to offset?	report as priority claims			
	■ No	Debts to pension or profit-sharing		ebts	
	Yes	Other. Specify Charge Ace	count		

	1 Wayne J Schaefer 2 Bibi Salima Schaefer	Case number (if know) 8-16-75179	
4.2	LI Spine Specialists	Last 4 digits of account number	Unknown
	Nonpriority Creditor's Name 763 Larkfield Road 2nd Floor Commack, NY 11725	When was the debt incurred?	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
4.2	Long Island Lung Center	Last 4 digits of account number	Unknown
	Nonpriority Creditor's Name 6080 Jericho Tpke Commack, NY 11725	When was the debt incurred?	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify	
4.2	Maddocks Col	Last 4 digits of account number 3544	\$56.00
	Nonpriority Creditor's Name 7373 University Av La Mesa, CA 91942	When was the debt incurred?	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	☐ Debtor 1 only	☐ Contingent	
	■ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify East End Eye Associates	

	or 2 Bibi Salima Schaefer		Case number (if know)	8-16-75179	
4.2					
3	Midland Funding	Last 4 digits of account number	2540	_	\$2,940.00
	Nonpriority Creditor's Name 2365 Northside Dr Ste 30 San Diego, CA 92108	When was the debt incurred?	Opened 05/15		
	Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply		
	Who incurred the debt? Check one.				
	Debtor 1 only	☐ Contingent			
	■ Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce	that you did not	
	■ No	☐ Debts to pension or profit-sharin	g plans, and other similar de	bts	
	Yes	Other. Specify Factoring (Company Account Ci	tibank N.A.	
4.2	North Suffolk Endocrinolo	Last 4 digits of account number			Unknown
4	Nonpriority Creditor's Name	Last 4 digits of account number			
	57 Southern Blvd Nesconset, NY 11767-1043	When was the debt incurred?			
	Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply		
	Who incurred the debt? Check one.				
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	■ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt	Obligations arising out of a sepa	ration agreement or divorce	that you did not	
	Is the claim subject to offset?	report as priority claims			
	No	Debts to pension or profit-sharing	g plans, and other similar de	:bts	
	Yes	Other. Specify			
4.2 5	Northland Group Inc	Last 4 digits of account number			Unknown
<u> </u>	Nonpriority Creditor's Name PO Box 390905	When was the debt incurred?			
	Minneapolis, MN 55439				
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply		
	Debtor 1 only				
	Debtor 2 only	☐ Contingent			
		☐ Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecure	1 claim:		
	At least one of the debtors and another	Student loans	a viuiiii.		
	☐ Check if this claim is for a community debt	☐ Obligations arising out of a sepa	ration agreement or divorce	that you did not	
	Is the claim subject to offset?	report as priority claims	addit agreement of aivoice	and you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar de	:bts	
	☐ Yes	Other. Specify			

	or 1 Wayne J Schaefer or 2 Bibi Salima Schaefer	Case number (if know) 8-16-75179	
4.2	Professional Claims Burea	Last 4 digits of account number	Unknown
6	Nonpriority Creditor's Name	Last 4 digits of account number	
	PO Box 9600	When was the debt incurred?	
	Hicksville, NY 11802	As at the date way file the plains in Obesicall that are by	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only		
	Debtor 2 only	Contingent	
		Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
4.2	Proheath Care Assc. LLP	Last 4 digits of account number	Unknown
7	Nonpriority Creditor's Name	Last 4 digits of account number	Onknown
	PO Box 3475 Toledo, OH 43607-0475	When was the debt incurred?	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
		☐ Student loans	
	☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
4.2	PSEGLI	Last A diable of account number	Unknown
8	Nonpriority Creditor's Name	Last 4 digits of account number	Olikilowii
	PO Box 888	When was the debt incurred?	
	Hicksville, NY 11802-0888		
	Number Street City State ZIp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	_	
	☐ Debtor 1 only	Contingent	
	Debtor 2 only	Unliquidated	
	■ Debtor 1 and Debtor 2 only	Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	Check if this claim is for a community	Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	□ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	

	r 1 Wayne J Schaefer r 2 Bibi Salima Schaefer	Case number (if know) 8-16-75179	
4.2			
9	Samaritan Medical Service Nonpriority Creditor's Name	Last 4 digits of account number	Unknown
	PO Box 95000-6550 Philadelphia, PA 19195-6550	When was the debt incurred?	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	$\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	lacksquare Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
4.3	St Francis Hospital	Last 4 digits of account number	Unknown
<u> </u>	Nonpriority Creditor's Name		
	Catholic Health Services 100 Port Washington Blvd. Roslyn, NY 11576	When was the debt incurred?	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not	
	No	report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
4.3 1	St. Catherine Of Siena	Last 4 digits of account number	Unknown
	Nonpriority Creditor's Name Catholic Health Services	When was the debt incurred?	
	50 Route 25A		
	Smithtown, NY 11787 Number Street City State Zlp Code	A of the date was file the plaint in Obselvell that each	
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify	

	r 1 Wayne J Schaefer r 2 Bibi Salima Schaefer		Case number (if know) 8-16-75179	
4.3	Td Bank Usa/targetcred	Last 4 digits of account number	4326	\$20.00
	Nonpriority Creditor's Name Po Box 673 Minneapolis, MN 55440	When was the debt incurred?	Opened 06/08 Last Active 11/30/14	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	Other. Specify Credit Card		-
4.3	Thd/cbna	Last 4 digits of account number	8246	\$354.00
	Nonpriority Creditor's Name Po Box 6497 Sioux Falls, SD 57117	When was the debt incurred?	Opened 05/12 Last Active 10/01/14	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i		
	☐ Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	Other. Specify Charge Acc	count	-
4.3	Unvl/citi	Last 4 digits of account number	7406	\$2,359.00
	Nonpriority Creditor's Name Po Box 6241 Sioux Falls, SD 57117	When was the debt incurred?	Opened 02/93 Last Active 1/10/14	_
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:	
	☐ Check if this claim is for a community debt		ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	No	Debts to pension or profit-sharin		
	☐ Yes	Other. Specify Credit Card		

1 Wayne J Schaefer 2 Bibi Salima Schaefer		Case number (if know)	8-16-75179	
Xerox Suffol	Last 4 digits of account number	5425		\$75.
Nonpriority Creditor's Name 800 Washington Ave	When was the debt incurred?			
Rumber Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply		
Who incurred the debt? Check one.				
■ Debtor 1 only	☐ Contingent			
☐ Debtor 2 only	☐ Unliquidated			
☐ Debtor 1 and Debtor 2 only	☐ Disputed			
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
☐ Check if this claim is for a community	☐ Student loans			
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce	that you did not	
No	Debts to pension or profit-sharing	g plans, and other similar de	ebts	
□Yes	Other. Specify 04 Suffolk	County Redlight		

Part 3: List Others to Be Notified About a Debt That You Already Listed

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
Total claims				
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00
				Total Claim
	6f.	Student loans	6f.	\$ 0.00
Total claims				
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 57,326.00
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 57,326.00

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Fill in this information to identify your case:								
Debtor 1	Wayne J Schaefe	r						
	First Name	Middle Name	Last Name					
Debtor 2	Bibi Salima Schae	efer						
(Spouse if, filing)	First Name	Middle Name	Last Name					
United States Ba	ankruptcy Court for the:	EASTERN DISTRICT C	F NEW YORK					
Case number	8-16-75179							
(if known)						Check if this is an		
						amended filing		

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - □ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1 Hyundai Capital Americ	Acct# 1312735354
10550 Talbert Av	Opened Opened 11/13 Last Active 8/26/16
Fountain Valley, CA 92708	Lease 2013 Hyundai Santa Fe

Fill in this	information to identify you	r case:			
Debtor 1	Wayne J Schaef	er			
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing	ng) Bibi Salima Sch	aefer Middle Name	Last Name		
(Spouse II, IIIII	ng) First Name	ivildale Name	Last Name		
United Sta	ites Bankruptcy Court for the:	EASTERN DISTRICT	OF NEW YORK		
Case num	ber 8-16-75179				
(if known)	0 10 10 110				☐ Check if this is an
					amended filing
Ott: -: -	I Farma 40011				
	I Form 106H				
Sched	lule H: Your Cod	debtors			12/15
your name	and case number (if known you have any codebtors?	n). Answer every question	on.	. •	p of any Additional Pages, write
1. 50	you have any codebiors: (r you are ming a joint case	, do not list cliner spouse	as a codebior.	
■ No □ Yes	3				
Arizon	hin the last 8 years, have yona, California, Idaho, Louisian Go to line 3.				ty states and territories include
☐ Yes	s. Did your spouse, former sp	ouse, or legal equivalent li	ive with you at the time?		
in line Form out Co	e 2 again as a codebtor only	if that person is a guara	antor or cosigner. Make s	sure you have listed t 6G). Use Schedule D,	ng with you. List the person shown he creditor on Schedule D (Official Schedule E/F, or Schedule G to fil editor to whom you owe the debt
	Name, Number, Street, City, State and	ZIP Code		Check all schedul	•
24				□ Cabanda B e	-
3.1	Name			_ ☐ Schedule D, lir	
				☐ Schedule E/F,☐ Schedule G, lir	
_	Number Street				
	City	State	ZIP Code		
3.2				☐ Schedule D, lir	ne
	Name			□ Schedule E/F,	
				☐ Schedule G, lir	ne
-	Number Street			=	
	City	State	ZIP Code		

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Fill in this informati	on to identify your case:	
	on to identify your case.	
Debtor 1	Wayne J Schaefer	
Debtor 2 (Spouse, if filing)	Bibi Salima Schaefer	
United States Bank	cruptcy Court for the: EASTERN DISTRICT OF NEW YORK	
Case number	8-16-75179	Check if this is:
(If known)		☐ An amended filing
		A supplement showing postpetition chapter 13 income as of the following date:
Official For	<u>rm 106l</u>	MM / DD/ YYYY
Schedule	I: Your Income	12/1
Be as complete an	d accurate as possible. If two married people are filing together (De	ebtor 1 and Debtor 2), both are equally responsible for

5

For Debtor 2 or

For Debtor 1

supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describ	e Employment			
1. Fill in your empl information.	oyment		Debtor 1	Debtor 2 or non-filing spouse
If you have more	•	Employment status	■ Employed	■ Employed
attach a separate information abou		Employment status	☐ Not employed	☐ Not employed
employers.		Occupation	Attorney	profesional liability consultant
Include part-time self-employed wo	, ,	Employer's name	Law Offices of Wayne J. Schaefer. LLC	Sedgwick Claims Management
Occupation may or homemaker, if		Employer's address	199 East Main Street Suite 4 Smithtown, NY 11787	
		How long employed to	here? 10 years	5 years

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 6,610.00 9,156.00 2. deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 3. +\$ 0.00 0.00 3. +\$ Calculate gross Income. Add line 2 + line 3. 9,156.00 6,610.00

Official Form 106I Schedule I: Your Income page 1

Debtor 1 Debtor 2	Wayne J Schaefer Bibi Salima Schaefer	_	С	ase r	number (<i>if kna</i>	own)	8-	16-75179		
					Debtor 1			or Debtor		
Co	py line 4 here	4.		\$	9,156.	00	\$	6,	610.00	
5. Lis	t all payroll deductions:									
5a.	Tax, Medicare, and Social Security deductions	5a.		\$	3,333.	00	\$	1,	322.00	
5b.	·	5b.		\$		00	\$		0.00	
5c.	·	5c.		\$		00	\$		642.00	
5d. 5e.		5d. 5e.		\$		00	\$		344.00 752.00	
5f.	Domestic support obligations	5f.		\$ 		00	\$		0.00	
5g.		5g.		<u>*</u> —		00	\$		0.00	
5h.		5h.		\$	0.	00	+ \$		0.00	
6. Ad	d the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	;	\$	3,333.	00	\$	3,	060.00	
7. Ca	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	;	\$	5,823.	00	\$	3,	550.00	
8. Lis 8a.	profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total									
01	monthly net income.	8a.		\$		00	\$		0.00	
8b. 8c.		8b.	•	\$	0.	00	\$		0.00	
	settlement, and property settlement.	8c.		\$	0.	00	\$		0.00	
8d.		8d.		\$		00	\$		0.00	
8e.	•	8e.		\$	0.	00	\$		0.00	
8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	e 8f.		\$	0.	.00	\$		0.00	
8g.		8g.		\$		00	\$		0.00	
8h.	Other monthly income. Specify: Second job as adjunct lecturer at St. Josephs	8h.	.+	\$	0.	00	+ \$		500.00	
9. Ad	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$		0.	00	\$		500.00)
10. Ca	Iculate monthly income. Add line 7 + line 9.	10.	\$		5,823.00	+ \$		4,050.00	= \$	9,873.00
	d the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Inc oth Do	11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00									
Wr	d the amount in the last column of line 10 to the amount in line 11. The resite that amount on the Summary of Schedules and Statistical Summary of Certain blies								\$	9,873.00
13. Do	you expect an increase or decrease within the year after you file this form No.	?							Combir monthly	ned y income
	Yes. Explain:									

Fill	in this informa	ition to identify yo	our case:					
Deb	otor 1	Wayne J Sch	naefer			Che	ck if this is:	
	Debtor 2 Bibi Salima Schaefer						An amended filing A supplement show	wing postpetition chapter
(Sp	ouse, if filing)						13 expenses as of	the following date:
Unit	ted States Bankr	ruptcy Court for the	EASTE	RN DISTRICT OF NEW Y	ORK		MM / DD / YYYY	
1	se number 8-	16-75179						
0	fficial Fo	rm 106J						
S	chedule	J: Your	Exper	ises				12/1
Be info	as complete ormation. If m	and accurate as	possible. eded, atta	If two married people ar ch another sheet to this				
Par		ribe Your House	hold					
1.	Is this a joir	nt case?						
	☐ No. Go to							
	Yes. Doe	es Debtor 2 live	in a separ	ate household?				
	■ N □ Y	-	st file Offici	al Form 106J-2, <i>Expen</i> ses	s for Separate House	ehold of Deb	otor 2.	
2.	Do you have	e dependents?	□ No					
	Do not list D Debtor 2.	ebtor 1 and	Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?
	Do not state dependents				Son		11	□ No ■ Yes
								□ No
					Son		13	■ Yes □ No
								☐ No☐ Yes
								□ No
_	_						_	☐ Yes
3.	expenses o	penses include f people other t d your depende	han 👝	No Yes				
Est	timate your ex		our bankrı	y Expenses uptcy filing date unless y y is filed. If this is a supp				
the		h assistance an		government assistance i luded it on <i>Schedule I:</i> \			Your exp	enses
4.		or home owners		ses for your residence.	nclude first mortgag	e 4. S	\$	2,256.00
	. ,	,	o ground 0	1 101.				<u> </u>
		led in line 4:						
		estate taxes				4a. \$	·	0.00
	•	rty, homeowner's		's insurance ipkeep expenses		4b. 9 4c. 9	·	338.00 200.00
		owner's associat	•			4d.	· ————	485.00
5.	Additional r	mortgage payme	ents for yo	our residence, such as ho	me equity loans	5. \$	\$	0.00

Debtor 1 Debtor 2	Wayne J Schaefer Bibi Salima Schaefer	Case num	ber (if known)	8-16-75179
6. Utili	ties:			
6a.	Electricity, heat, natural gas	6a.	\$	425.00
6b.	Water, sewer, garbage collection	6b.	\$	37.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	376.00
6d.	Other. Specify:	6d.	\$	0.00
7. Foo	d and housekeeping supplies		\$	700.00
8. Chil	dcare and children's education costs	8.	\$	0.00
9. Clo 1	hing, laundry, and dry cleaning	9.	\$	170.00
10. Per s	sonal care products and services	10.	\$	100.00
11. Me c	lical and dental expenses	11.	\$	200.00
	nsportation. Include gas, maintenance, bus or train fare.	10	Ф	323.00
	not include car payments.	12.	\$	
	ertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	170.00
14. Cha	ritable contributions and religious donations	14.	\$	225.00
15. Ins u				
	not include insurance deducted from your pay or included in lines 4 or 20. Life insurance	15a.	\$	343.00
	Health insurance	15b.	•	0.00
	Vehicle insurance	15b.	\$	
		15d.	\$	300.00
	Other insurance. Specify: Disability es. Do not include taxes deducted from your pay or included in lines 4 or 20.	130.	Φ	556.00
Spe	cify:	16.	\$	0.00
	allment or lease payments:	170	¢.	204.00
	Car payments for Vehicle 1	17a.	•	384.00
	Car payments for Vehicle 2	17b.	\$	401.00
	Other. Specify:	17c.	\$	0.00
	Other. Specify:	17d.	\$	0.00
ded	r payments of alimony, maintenance, and support that you did not report as ucted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I).	18.	\$	0.00
	er payments you make to support others who do not live with you.		\$	0.00
Spe		19.		
	er real property expenses not included in lines 4 or 5 of this form or on Sche			0.00
	Mortgages on other property	20a.	·	0.00
	Real estate taxes	20b.		0.00
	Property, homeowner's, or renter's insurance	20c.		0.00
	Maintenance, repair, and upkeep expenses	20d.	·	0.00
	Homeowner's association or condominium dues	20e.	\$	0.00
21. Oth	er: Specify:	21.	+\$	0.00
22. Cal	culate your monthly expenses			
22a.	Add lines 4 through 21.		\$	7,989.00
22b	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
22c.	Add line 22a and 22b. The result is your monthly expenses.		\$	7,989.00
23. Cal o	culate your monthly net income.			
	Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	9,873.00
	Copy your monthly expenses from line 22c above.	23b.		7,989.00
23c.	Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c.	\$	1,884.00
For e	you expect an increase or decrease in your expenses within the year after your example, do you expect to finish paying for your car loan within the year or do you expect your fication to the terms of your mortgage? No. Yes Explain here:			ease or decrease because of a

Fill in th	nis inform	ation to identify your	case:			
Debtor 1		Wayne J Schaefe	er			
		First Name	Middle Name	Las	st Name	
Debtor 2		Bibi Salima Scha	efer Middle Name	Las	st Name	
(Spouse if,	illing)	First Name	iviladie ivame	Las	st Name	
United S	States Banl	kruptcy Court for the:	EASTERN DISTRICT OF NEW	YO	RK	
Case nu	ımber 8-	-16-75179				
(if known)						☐ Check if this is an
						amended filing
o	. –	4000				
		106Dec				
Decl	larati	on About a	an Individual Del	bt	or's Schedules	12/15
f two ma	arried peo	ple are filing togethe	r, both are equally responsible f	for s	upplying correct information.	
		C (1)			ad a shadada a Maldana Calaa atat	
					ed schedules. Making a false stat e can result in fines up to \$250,00	
		U.S.C. §§ 152, 1341, 1		ous	o dan result in fines up to \$200,00	so, or imprisonment for up to 20
	Sign	Below				
Did	l you pay	or agree to pay some	eone who is NOT an attorney to	help	you fill out bankruptcy forms?	
	No					
	Yes. Na	ame of person			Attach Ban	nkruptcy Petition Preparer's Notice,
_		• —			Declaration	n, and Signature (Official Form 119)
Und	lar nanaltı	v of periury I declare	that I have read the summary a	nd e	chedules filed with this declaration	on and
		true and correct.	that I have read the summary a	5	oneduces med with this decidration	on and
	•					
-		ne J Schaefer		Х	/s/ Bibi Salima Schaefer	
	•	J Schaefer of Debtor 1			Bibi Salima Schaefer	
	Signature	יטו שפטוטו ו			Signature of Debtor 2	

Date **November 21, 2016**

Date **November 21, 2016**

Filli	n this inf	ormation to identify you	r case:					
Deb	tor 1	Wayne J Schaef	er					
		First Name		dle Name	L	ast Name		
Deb		Bibi Salima Sch		alla Nia va		and Maria		
(Spou	se if, filing)	First Name	Mid	dle Name	L	ast Name		
Unite	ed States	Bankruptcy Court for the:	EASTE	RN DISTRICT O	F NEW Y	ORK		
Case	e number	8-16-75179						
(if kno	wn)							Check if this is an
								amended filing
Off	icial F	orm 107						
Sta	teme	nt of Financial	Affairs	for Indivi	duals	Filing for B	ankruptcy	4/1
Be as	s comple	te and accurate as possi	ble. If two	married people	are filing	together, both are	equally responsible for s	supplying correct
infor	mation. I	f more space is needed,	attach a se				y additional pages, write	
numi	oer (if kno	own). Answer every que	stion.					
Part	1: Giv	e Details About Your Ma	rital Status	and Where Yo	u Lived E	Before		
1.	What is v	our current marital statu	ıs?					
	,							
	■ Marr	ied						
	☐ Not r	married						
2.	During th	e last 3 years, have you	lived anyw	here other than	where y	ou live now?		
	.							
	■ No	List all of the places you l	ivad in tha l	act 2 years Do	aat inalud	a whore you live now	,	
	⊔ res.	List all of the places you I	ivea in the i	asi s years. Do i	iot iriciuut	e where you live now	<i>1</i> .	
	Debtor 1	Prior Address:		Dates Debtor 1	1	Debtor 2 Prior Ad	ldress:	Dates Debtor 2 lived there
				iived tilele				iived tilele
							ity property state or territ ico, Texas, Washington and	
	■ No							
	☐ Yes.	Make sure you fill out Sch	nedule H: Y	our Codebtors (C	Official For	m 106H).		
	_							
Part	2 Exp	plain the Sources of You	r Income					
	Fill in the	nave any income from entotal amount of income yo filing a joint case and you	u received	from all jobs and	all busine	esses, including part-		alendar years?
	□ No							
	_	Fill in the details.						
	e res.	riii in the details.						
			Debtor 1				Debtor 2	
				of income that apply.	(before	s income re deductions and sions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
		y 1 of current year until filed for bankruptcy:	☐ Wages	, commissions, tips		\$98,540.00	■ Wages, commissions bonuses, tips	\$73,950.00
			■ Operat	ing a business			☐ Operating a business	
			— Operat	ing a business			Operating a business	

Official Form 107

Debtor 1 Wayne J Schaefer Debtor 2 Bibi Salima Schaefer Case					ase number (if known)	e number (if known) 8-16-75179			
			Debtor 1		Debtor 2				
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of inc Check all that a		Gross income (before deductions and exclusions)		
For last calendar year: (January 1 to December 31, 2015)		☐ Wages, commissions, bonuses, tips			imissions,	\$68,789.00			
			Operating a business		☐ Operating a	business			
	lendar year bei I to December		☐ Wages, commissions, bonuses, tips	\$98,540.00	■ Wages, combonuses, tips	missions,	\$57,950.00		
			Operating a business		☐ Operating a	business			
List ea		he gross inco	se and you have income that your from each source separa		·				
			Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of inc Describe below		Gross income (before deductions and exclusions)		
Part 3:	List Certain Pa	yments You	Made Before You Filed for	Bankruptcy					
6. Are ei	ther Debtor 1's lo. Neither Deindividual p	or Debtor 2 ebtor 1 nor E primarily for a	's debts primarily consume Debtor 2 has primarily consuments of personal, family, or househouse you filed for bankruptcy, di	r debts? Imer debts. Consumer de ld purpose."			01(8) as "incurred by an		
	□ No.	Go to line 7	,						
	Yes	paid that cr not include	each creditor to whom you pai editor. Do not include paymer payments to an attorney for the ton 4/01/19 and every 3 year	nts for domestic support ob nis bankruptcy case.	oligations, such as ch	ild support a	and alimony. Also, do		
_	•	,	, ,		on or anter the date o	radjustificin			
■ Y	Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?								
	■ No.	Go to line 7	,						
	☐ Yes	include pay	each creditor to whom you pai rments for domestic support o this bankruptcy case.						
Credi	tor's Name and	d Address	Dates of payme	nt Total amount	Amount you still owe	Was this	payment for		

Det	otor 2 Bibi Salima Schaefer		Cas	se number (if known)	0-10-75179	
7.	Within 1 year before you filed for bankrupto Insiders include your relatives; any general pa of which you are an officer, director, person in a business you operate as a sole proprietor. 1 alimony.	rtners; relatives of any gene control, or owner of 20% or	eral partners; partner of their voting	erships of which you g securities; and an	u are a general p y managing age	partner; corporations ent, including one fo
	NoYes. List all payments to an insider.					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for th	is payment
8.	Within 1 year before you filed for bankruptoinsider? Include payments on debts guaranteed or cos No		ments or transfer a	any property on ac	count of a deb	t that benefited an
	☐ Yes. List all payments to an insider					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for the Include creditor	
Par	t 4: Identify Legal Actions, Repossession	s, and Foreclosures				
9.	Within 1 year before you filed for bankrupto List all such matters, including personal injury modifications, and contract disputes.					
	□ No ■ Yes. Fill in the details.					
	Case title Case number	Nature of the case	Court or agency		Status of the	case
	Board of Directors of Willow Ridge at Smithtown Homeowners Association Inc. v. Debtors CV-204-15/SM	Collection	District Court I	Hauppauge	☐ Pending ☐ On appeal ■ Concluded	
10.	Within 1 year before you filed for bankrupto Check all that apply and fill in the details below		rty repossessed, f	oreclosed, garnis	hed, attached,	seized, or levied?
	No. Go to line 11.Yes. Fill in the information below.					
	Creditor Name and Address	Describe the Property		Date		Value of the property
		Explain what happened				
11.	Within 90 days before you filed for bankrup accounts or refuse to make a payment bec. No Yes. Fill in the details.		uding a bank or fir	nancial institution	, set off any am	ounts from your
	Creditor Name and Address	Describe the action the	creditor took	Date a taken	action was	Amount
12.	Within 1 year before you filed for bankrupto court-appointed receiver, a custodian, or all No Yes		rty in the possess	ion of an assignee	e for the benefi	t of creditors, a

Wayne J Schaefer

Debtor 1

_	otor 1 otor 2	Wayne J Schaefer Bibi Salima Schaefer			Case number (if known)	8-16-75179)			
Pai	rt 5:	List Certain Gifts and Contributions	3							
13.		n 2 years before you filed for bankru No Yes. Fill in the details for each gift.	ıptcy, (did you give any gifts with a total v	value of more than \$60	00 per person	?			
	per p	s with a total value of more than \$600 person	0	Describe the gifts	Date: the g	s you gave ifts	Value			
		on to Whom You Gave the Gift and ress:								
14.	I	n 2 years before you filed for bankru No Yes. Fill in the details for each gift or co			ons with a total value	of more than	\$600 to any charity?			
	Gifts more Char	s or contributions to charities that to e than \$600 rity's Name ress (Number, Street, City, State and ZIP Code)	otal	Describe what you contributed		s you ributed	Value			
Pai	rt 6:	List Certain Losses								
15.	or ga	Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? No Yes. Fill in the details.								
		the loss occurred	Include	ibe any insurance coverage for the e the amount that insurance has paid nce claims on line 33 of Schedule A/I	. List pending loss	of your	Value of property lost			
Pai	rt 7:	List Certain Payments or Transfers								
16.	consi	n 1 year before you filed for bankrup ulted about seeking bankruptcy or pr de any attorneys, bankruptcy petition pro	repari	ng a bankruptcy petition?			rty to anyone you			
	_	No Yes. Fill in the details.								
	Addr Ema	on Who Was Paid ress il or website address on Who Made the Payment, if Not Yo	ou	Description and value of any protransferred	• •	payment ansfer was	Amount of payment			
	1979 Suit New	n Lehr, P.C. 9 Marcus Avenue ee 210 7 Hyde Park, NY 11042 r@johnlehrpc.com		Attorney Fees			\$3,000.00			
17.	prom	n 1 year before you filed for bankrup ised to help you deal with your credi t include any payment or transfer that y	itors o	r to make payments to your credit		fer any prope	rty to anyone who			
	_	No Yes. Fill in the details.								
		on Who Was Paid		Description and value of any protransferred		payment ansfer was	Amount of payment			

	otor 1 otor 2	Wayne J Schaefer Bibi Salima Schaefer			Case nu	mber (if known)	8-16-75179	
18.	Includinclud	n 2 years before you filed for bankruptoferred in the ordinary course of your but le both outright transfers and transfers mate gifts and transfers that you have already No Yes. Fill in the details.	usiness or financial ade as security (such	affairs? as the granting of a	•			
	Addr	on Who Received Transfer ress on's relationship to you	Description as property trans		payn	cribe any prop nents receive in exchange		Date transfer was made
 19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust beneficiary? (These are often called asset-protection devices.) No Yes. Fill in the details. 					ed trust or si	milar device of	f which you are a	
	Name of trust Description and value of the pro				operty tran	nsferred		Date Transfer was made
Pai	rt 8:	List of Certain Financial Accounts, Ins	struments, Safe Dep	osit Boxes, and S	torage Un	its		
20.	sold, Include house	n 1 year before you filed for bankruptcy moved, or transferred? de checking, savings, money market, o es, pension funds, cooperatives, assoc No Yes. Fill in the details.	r other financial acc	counts; certificate	s of depos	•		
		e of Financial Institution and PESS (Number, Street, City, State and ZIP	Last 4 digits of account number	Type of acco	ount or	Date according closed, so moved, or transferred	ld,	Last balance before closing of transfe
21.	cash,	ou now have, or did you have within 1 y or other valuables? No	ear before you filed	l for bankruptcy, a	any safe de	eposit box or	other deposite	ory for securities,
		es. Fill in the details. e of Financial Institution	Who else had	access to it?	Describe	e the content	S	Do you still
		Pess (Number, Street, City, State and ZIP Code)	Address (Numb	er, Street, City,				have it?
22.	= N	you stored property in a storage unit o	or place other than y	our home within	1 year befo	ore you filed f	or bankruptcy	?
		es. Fill in the details. e of Storage Facility	Who else has	or had access	Describe	e the content	•	Do you still
		Pess (Number, Street, City, State and ZIP Code)	to it? Address (Numb	per, Street, City,	Describe	o the comen	•	have it?
Pai	rt 9:	Identify Property You Hold or Control	for Someone Else					
23.	for so	ou hold or control any property that sor omeone. No	meone else owns? I	nclude any prope	rty you bo	rrowed from,	are storing fo	r, or hold in trust
		es. Fill in the details.	Whore is the	aroporty?	Dosoribe	o the property	,	Value
		'ess (Number, Street, City, State and ZIP Code)	Where is the p (Number, Street, C Code)		Describe	e the property		Value
	21 W	m Schaefer Villow Ridge Drive thtown, NY 11787			529 acc	ount for so	n	\$5,515.68

	otor 1 otor 2	Wayne J Schaefer Bibi Salima Schaefer			Ca	se number (<i>if known</i>)	8-16-75179			
		ner's Name Iress (Number, Street, City, State and ZIP Code)		Where is the property? (Number, Street, City, State and ZIP Code)	De	scribe the property		Value		
	21 V	nn Schaefer Willow Ridge Drive ithtown, NY 11787			yo	ung savers accοι	ınt for son	\$151.64		
Par	t 10:	Give Details About Environmental Inf	orma	ation						
For	the pu	urpose of Part 10, the following definiti	ons	apply:						
•	Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used									
		vn, operate, or utilize it, including disp	-	-	ı ıaw,	whether you now o	wii, operate, o	or utilize it or uset		
	Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.									
Rep	ort all	I notices, releases, and proceedings th	at yo	ou know about, regardless of whe	n the	y occurred.				
24.	Has a	any governmental unit notified you tha	t you	ı may be liable or potentially liabl	e und	ler or in violation of	an environme	ntal law?		
		No								
	_	Yes. Fill in the details.								
		ne of site Iress (Number, Street, City, State and ZIP Code)		Governmental unit Address (Number, Street, City, State at ZIP Code)	nd	Environmental law know it	, if you	Date of notice		
25.	Have	you notified any governmental unit of	any	release of hazardous material?						
		■ No								
		Yes. Fill in the details.								
		ne of site lress (Number, Street, City, State and ZIP Code)		Governmental unit Address (Number, Street, City, State at ZIP Code)	nd	Environmental law know it	, if you	Date of notice		
26.	Have	you been a party in any judicial or adı	ninis	strative proceeding under any env	/ironr	nental law? Include	settlements a	nd orders.		
		No								
	_	Yes. Fill in the details.								
		e Title e Number		Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nat	ture of the case		Status of the case		
Par	t 11:	Give Details About Your Business or	Con	nections to Any Business						
27.	Withi	in 4 years before you filed for bankrup	cv. c	lid you own a business or have a	ny of	the following conn	ections to any	business?		
		☐ A sole proprietor or self-employed	•	•	•	•	•			
		☐ A member of a limited liability comp	any	(LLC) or limited liability partners	hip (L	LP)				
	☐ A partner in a partnership									
	☐ An officer, director, or managing executive of a corporation									
		☐ An owner of at least 5% of the voting or equity securities of a corporation								
	_									
	_	Yes. Check all that apply above and fill in the details below for each business.								
		iness Name		scribe the nature of the business		Employer Identific	cation number			
		Iress ber, Street, City, State and ZIP Code)	Na	me of accountant or bookkeeper		Do not include So				

Official Form 107

Dates business existed

Debtor 2 Debtor 2	•	С	ase number (i	if known) {	8-16-75179			
Bu	siness Name	Describe the nature of the business	Employer	dentific	ation number			
	dress mber, Street, City, State and ZIP Code)	Name of accountant or bookkeeper	Do not include Social Security number or ITIN.					
				Dates business existed				
La LL	w Offices of Wayne J. Schaefer,	Law Firm	EIN:	20-498	0436			
19	9 East Main Street lite 4	Jerry Silverman CPA	From-To	April 1	3, 2006 to present			
Sn	nithtown, NY 11787							
 Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial statement to anyone about your business? Include all financial statement to anyone about your business? Include all financial statement to anyone about your business? Include all financial statement to anyone about your business? Include all financial statement to anyone about your business? Include all financial statement to anyone about your business? Include all financial statement to anyone about your business? Include all financial statement to anyone about your business? Include all financial statement to anyone about your business? Include all financial statement to anyone about your business? Include all financial statement to anyone about your business? Include all financial statement to anyone about your business? 					isiness? Include all financia	I		
Ad	me Idress mber, Street, City, State and ZIP Code)	Date Issued						
Part 12:	Sign Below							
are true with a ba	and correct. I understand that making a	inancial Affairs and any attachments, and I a false statement, concealing property, or o \$250,000, or imprisonment for up to 20 ye	obtaining mo	oney or pi				
	yne J Schaefer	/s/ Bibi Salima Schaefer						
-	J Schaefer ire of Debtor 1	Bibi Salima Schaefer Signature of Debtor 2						
Date _	November 21, 2016	Date November 21, 2016						
Did you ■ No □ Yes	attach additional pages to Your Statem	nent of Financial Affairs for Individuals Fili	ng for Bankr	uptcy (Of	ficial Form 107)?			
Did you ■ No	pay or agree to pay someone who is no	ot an attorney to help you fill out bankrupte	cy forms?					
⊐ Yes. I	Name of Person Attach the <i>Bankr</i>	ruptcy Petition Preparer's Notice, Declaration,	and Signatur	e (Official	Form 119).			

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Eastern District of New York

In r	Wayne J Schaefer Bibi Salima Schaefer			Case No.	8-16-75179		
			Debtor(s)	Chapter	13		
1.		URE OF COMPENSA') and Fed. Bankr. P. 2016(b), I c			` ,		
1.	compensation paid to me with be rendered on behalf of the de	in one year before the filing of the betor(s) in contemplation of or in	ne petition in bankruptc	y, or agreed to be paid	to me, for services rendered or to llows:		
	For legal services, I have				5,000.00		
		statement I have received			3,000.00		
	Balance Due			\$	2,000.00		
2.	The source of the compensation	n paid to me was:					
	■ Debtor □ Ot	her (specify):					
3.	The source of compensation to	be paid to me is:					
	■ Debtor □ Ot	her (specify):					
4.	■ I have not agreed to share	the above-disclosed compensation	on with any other perso	n unless they are mem	bers and associates of my law firm.		
		above-disclosed compensation we gether with a list of the names of			or associates of my law firm. A ched.		
5.	In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:						
	 b. Preparation and filing of an c. Representation of the debte d. [Other provisions as neede Negotiations with reaffirmation agre 	ancial situation, and rendering active petition, schedules, statement or at the meeting of creditors and discoursed creditors to reduce ements and applications as bidance of liens on household.	of affairs and plan which confirmation hearing, the to market value; ex a needed; preparation	ch may be required; and any adjourned hea kemption planning ;	rings thereof; preparation and filing of		
6.					es, relief from stay actions or		
		CE	RTIFICATION				
this	I certify that the foregoing is a bankruptcy proceeding.	complete statement of any agree	ement or arrangement for	or payment to me for r	epresentation of the debtor(s) in		
	November 21, 2016		/s/ John Lehr				
	Date		John Lehr jl349 Signature of Attorn				
			John Lehr, P.C.	•			
			1979 Marcus Av Suite 210	renue			
			New Hyde Park	NY 11042			
			516-200-3523				
			_jlehr@johnlehrp Name of law firm	oc.com			

United States Bankruptcy Court Eastern District of New York

In re	Wayne J Schaefer Bibi Salima Schaefer		Case No.	8-16-75179	
		Debtor(s)	Chapter	13	

VERIFICATION OF CREDITOR MATRIX

The above named debtor(s) or attorney for the debtor(s) hereby verify that the attached matrix (list of creditors) is true and correct to the best of their knowledge.

Date:	November 21, 2016	/s/ Wayne J Schaefer
		Wayne J Schaefer
		Signature of Debtor
Date:	November 21, 2016	/s/ Bibi Salima Schaefer
		Bibi Salima Schaefer
		Signature of Debtor
Date:	November 21, 2016	/s/ John Lehr
		Signature of Attorney
		John Lehr jl3495
		John Lehr, P.C.
		1979 Marcus Avenue
		Suite 210
		New Hyde Park, NY 11042
		516-200-3523

USBC-44 Rev. 9/17/98

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF NEW YORK

STATEMENT PURSUANT TO LOCAL BANKRUPTCY RULE 1073-2(b)

Wayne J Schaefer

DEBTOR(S):	Bibi Salima Schaefer	CAS	E NO.: .	8-16-75179	
	Local Bankruptcy Rule 1073-2(b), the deb Cases, to the petitioner's best knowledge, in) hereby ma	akes the following disclosure	e
was pending at any spouses or ex-spous partnership and one have, or within 180	be deemed "Related Cases" for purposes of time within eight years before the filing of thes; (iii) are affiliates, as defined in 11 U.S.C. or more of its general partners; (vi) are partners days of the commencement of either of the estate under 11 U.S.C. § 541(a).]	he new petition, and the de C. § 101(2); (iv) are general nerships which share one of	btors in suc partners in or more com	th cases: (i) are the same; (i the same partnership; (v) ar amon general partners; or (v	ii) are re a vii)
■ NO RELATED	CASE IS PENDING OR HAS BEEN PENI	DING AT ANY TIME.			
☐ THE FOLLOW	ING RELATED CASE(S) IS PENDING OF	R HAS BEEN PENDING:			
1. CASE NO.:	JUDGE: DISTRICT/DIVISION	J:			
	DING (Y/N): [If closed				
CURRENT STAT	US OF RELATED CASE:(Disch		C 1	diaminand ata)	
	(Disch	arged/awaiting discharge, c	confirmed, o	uismissed, etc.)	
MANNER IN WH	ICH CASES ARE RELATED (Refer to NO	TE above):			
	LISTED IN DEBTOR'S SCHEDULE "A" F RELATED CASE:	("REAL PROPERTY") WI	HICH WAS	S ALSO LISTED IN	
2. CASE NO.:	JUDGE: DISTRICT/DIVISION	1:			
		Date of closing:			
CURRENT STAT	US OF RELATED CASE:(Disch				
	(Disch	arged/awaiting discharge, o	confirmed,	dismissed, etc.)	
MANNER IN WH	ICH CASES ARE RELATED (Refer to NO	TE above):			
	LISTED IN DEBTOR'S SCHEDULE "A" F RELATED CASE:	("REAL PROPERTY") WI	HICH WAS	S ALSO LISTED IN	
3. CASE NO.:	JUDGE: DISTRICT/DIVISION	V:			
CASE STILL PENI	DING (Y/N): [If closed	Date of closing:			

DISCLOSURE OF RELATED CASES (cont'd)		
CURRENT STATUS OF RELATED CASE: (Discharged/	awaiting discharge, confirmed, dismissed, etc.)	
MANNER IN WHICH CASES ARE RELATED (Refer to NOTE abo	ove):	
REAL PROPERTY LISTED IN DEBTOR'S SCHEDULE "A" ("REA SCHEDULE "A" OF RELATED CASE:	L PROPERTY") WHICH WAS ALSO LISTED IN	
<i>NOTE:</i> Pursuant to 11 U.S.C. § 109(g), certain individuals who have be eligible to be debtors. Such an individual will be required to file a		
TO BE COMPLETED BY DEBTOR/PETITIONER'S ATTORNEY, A	AS APPLICABLE:	
I am admitted to practice in the Eastern District of New York (Y/N): _	Υ	
CERTIFICATION (to be signed by pro se debtor/petitioner or debtor/ I certify under penalty of perjury that the within bankruptcy case is no as indicated elsewhere on this form.	• • • •	
John Lehr John Lehr jl3495 Signature of Debtor's Attorney John Lehr, P.C. 1979 Marcus Avenue	Signature of Pro Se Debtor/Petitioner	
Suite 210 New Hyde Park, NY 11042 516-200-3523	Signature of Pro Se Joint Debtor/Petitioner	
	Mailing Address of Debtor/Petitioner	
	City, State, Zip Code	
	Area Code and Telephone Number	

Failure to fully and truthfully provide all information required by the E.D.N.Y. LBR 1073-2 Statement may subject the debtor or any other petitioner and their attorney to appropriate sanctions, including without limitation conversion, the appointment of a trustee or the dismissal of the case with prejudice.

<u>NOTE</u>: Any change in address must be reported to the Court immediately IN WRITING. Dismissal of your petition may otherwise result.

USBC-17 Rev.8/11/2009